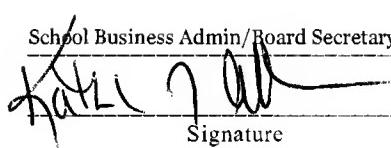


## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2017 thru 6/30/2020.

Employer: Cape May County Special Services School District  
County: Cape May   
Date: 1/24/2018  
Name: Kathleen M. Allen  
Print Name  
Title: School Business Admin/Board Secretary  
  
Signature